

		nited Liability Company nited Liability Partnership		Limited Partnership Trademark	Business Trust	
Entity File Number:				Registration Date:		
Entity Name:					·	
Business P	urpose:					
Registered Agent:				Signature:		
Registered Address:		Address:				
Utah Street Address Required, PO Boxes can be listed on the						77.
line below the Street Address		City:			State:	Zip:
		Address:				
		City:			State:	Zip:
Add			Name:			
Remove			Address: _			
					State:	_ Zip:
Change			Signature			
Add			Name:			
Remove			_			
Change			City: Signature	(if required):	State:	_ Zıp:
Add			Name:			
Remove			Address: _			
Change				(C.). N.	State:	_ Zip:
-			Signature			
Add			Address:			
Remove			_			
Change			City: Signature	(if required):	State:	_ Zip:
Add			Name:			
Remove			Address: _			
Change			City: Signature	(if required):	State:	_ Zip:
Add			Name:			
Remove			Address: _			
Change			City: Signature	(if required):	State:	_ Zip:
Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my nowledge and belief, true, correct and complete.						
Signature of Authorizing Party Title Date						
Signature of Authorizing Party						